



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E263022**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-02001
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	08 - 13 - 2013	2042	31	
N S	E W	IN	OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20 ST SE	BLOCK NO. <input checked="" type="checkbox"/>	10519
MILE POST		
DISTANCE	100 00	MILES
FEET	<input checked="" type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	S LAKE STEVENS RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3607842288
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LAST NAME	HAMPTON	FIRST NAME	STEPHANIE	MIDDLE INITIAL	R
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STREET NEW ADDRESS	15207 OK MILL RD
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CITY	SNOHOMISH	ST	WA	ZIP	98290
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ODL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HAMPTSR07500	STATE	WA	SEX	F	D.O.B. MMDDYYYY	09	20	1993
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	229ZMR	STATE	WA	VIN#	1G1BD52J4Y6157190
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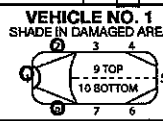
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	CHEV	MODEL	MALIBU	STYLE	SD	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	OMNI INSURANCE COMPANY 4270888
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253347625
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LAST NAME	SHIELD	FIRST NAME	KIMBERLY	MIDDLE INITIAL	N
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STREET NEW ADDRESS	9503 15 ST SE #B
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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ODL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SHIELKN2030A	STATE	WA	SEX	F	D.O.B. MMDDYYYY	09	01	1980
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	921XGN	STATE	WA	VIN#	1B4GP44LOYB591207
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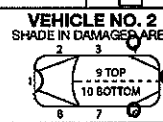
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	DODG	MODEL	CARAVA	STYLE	VN	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PACIFIC STAR INSURANCE 5522320
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VEHICLE LEGALLY STANDING	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E263022**

CASE # **13-02001**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		RUMMEL JUSTIN																							
ADDRESS & PHONE #		9503 15 ST SE #B LAKE STEVENS WA 98258 4253447843																							
SEX		M		D.O.B. MMDDYYYY		06		-		10		-		1975											
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2		SEAT POS.	3		AIRBAG	2		RESTR.	4		EJECT	1		HELMET USE			INJURY CLASS	1		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		MCMAHON ROBERT																							
ADDRESS & PHONE #		20201 45 DR SE BOTHELL WA 98012 4252756765																							
SEX		M		D.O.B. MMDDYYYY		09		-		04		-		1963											
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2		SEAT POS.	9		AIRBAG	2		RESTR.	4		EJECT	1		HELMET USE			INJURY CLASS	1		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																									
ADDRESS & PHONE #																									
SEX				D.O.B. MMDDYYYY				-				-													
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #			SEAT POS.			AIRBAG			RESTR.			EJECT			HELMET USE			INJURY CLASS			NATURE OF INJURIES

NARRATIVE

Unit # 2 was stopped in the northbound lane of 20 ST SE waiting to make a left turn into the parking lot of 10519 20 ST SE. Unit #1 was northbound 20 ST SE approaching Unit #2. Driver of Unit #1 stated she was going too fast and had not noticed that Unit #2 was stopped. When she noticed Unit #2 was stopped, she did not have enough time to slow down. Unit #1 rear ended Unit #2. There are no injuries as a result of this collision. Unit #2 was driven away by the driver, Unit #1 was left on the side of the road, for her grandfather was going to come pick it up for her.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-14-13 01:13 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

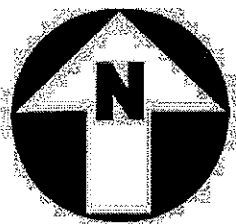
8/14/2013 1:14:37 AM

BADGE OR ID # **095**

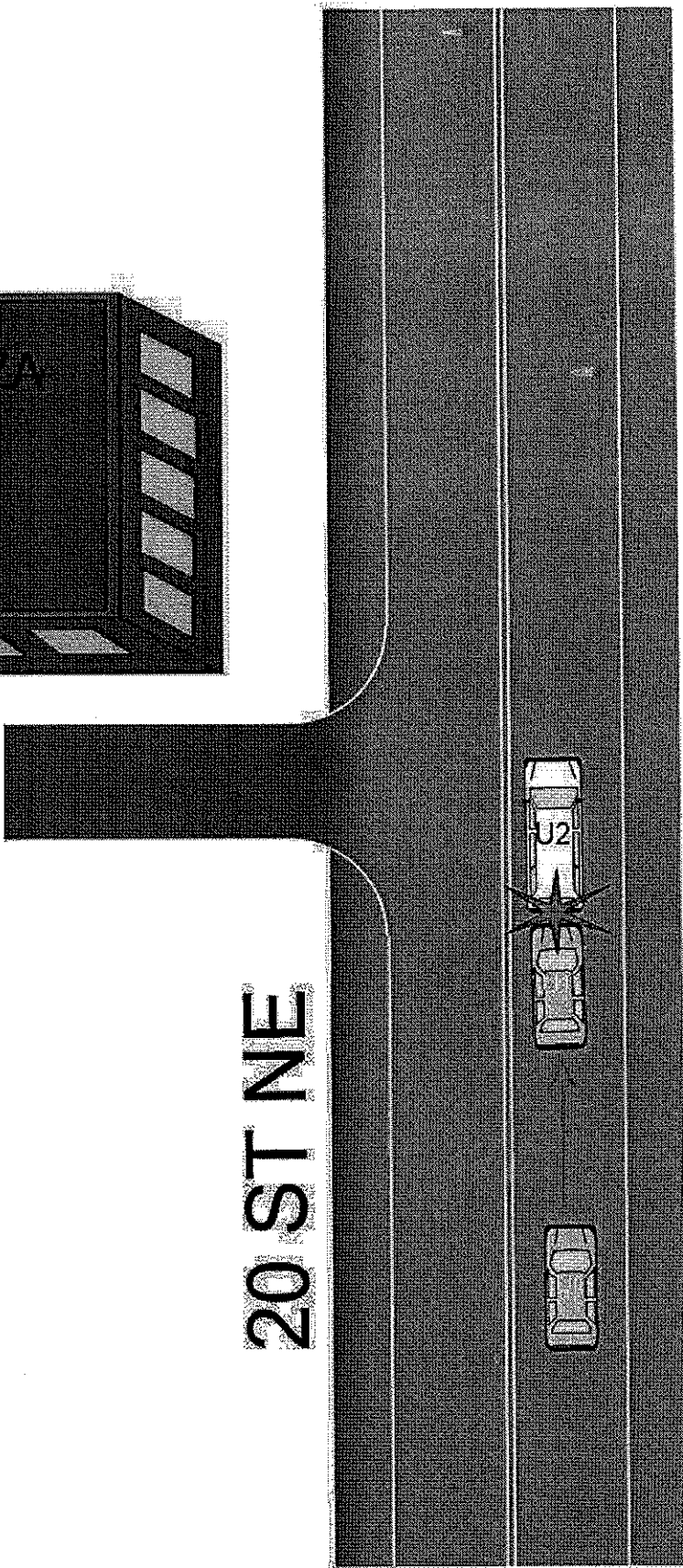
OFF # **WA0311900**

TIME POLICE DISPATCHED **9:15 PM**

TIME POLICE ARRIVED **9:19 PM**



NOT TO SCALE



Incident History for: #SS13018123

Case Numbers: \$SS13002001

Entered 08/13/13 20:42:59 BY SPCT07 SP0375
Dispatched 08/13/13 21:15:36 BY SPDP17 SP0112
Enroute 08/13/13 21:15:36
Onscene 08/13/13 21:19:11
Closed 08/13/13 21:46:17

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1319 Map Page: 397F-4 Group: SS1 Beat: SOUT
Src: T
Loc: 20 ST SE/S LAKE STEVENS RD , LKS (V)

Loc Info:

Name: KIMBERLY Addr: Phone: 4253447625

/2042 (SP0375) ENTRY , CC, NON INJ, NON BLKING, WHI DODGE VAN V GRY CH
EVY MALIBU , UP THE RD FROM TOM THUMB
/2043 (SP0194) VIEWED
/2046 AGCADV , SS1913
/2058 (SP0339) SUPP NAM: STEPHANIE,
PHO: 3607422886,
TXT: THIS RP IS OTHER PARTY INVOLVED, STILL WAITI
NG
/2115 (SP0112) DISPER SS1932 #SS93 WELLINGTON, OFCR (JAMES)
/2117 PREMT SS1932
/2117 DISPER SS1913 #SS95 MINER, SGT (ROBERT)
/2119 ONSCNE SS1913
/2127 ASNCAS SS1913 \$SS13002001
/2127 (SS95) REMINQ SS1913 MDTVEH, 229ZMR, , WA, , , , , , , , , ,
/2129 REMINQ SS1913 MDTWANT, HAMPTON, STEPHANIE, R, 090293, , , WA, , , , , , , , , ,
/2129 REMINQ SS1913 MDTWANT, , , , , , , , , , WA, HAMPTSR07500, , , , , , , , , ,
/2131 REMINQ SS1913 MDTVEH, 921XGN, , WA, , , , , , , , , ,
/2132 REMINQ SS1913 MDTWANT, SHIELD, KIMBERLY, N, 090180, , , WA, , , , , , , , , ,
/2141 *MISC SS1913 , , , 10519 20 ST SE
/2146 (SP0112) CLEAR SS1913 D/H
/2146 CLOSE SS1913